

COLLEN LAMBERT
MAYOR

JAIME BAUMILLER
COUNCIL PRESIDENT

DAN ALLEN
COUNCILMAN

NANCY DAVIS
COUNCILWOMAN

KRISTINA RUTHERFORD
COUNCILWOMAN



SHERRY MASON, RMC, CMR, CMC
MUNICIPAL MANAGER
MUNICIPAL CLERK

"The Queen City, Six Miles at Sea"

300 Engleside Avenue

Beach Haven, NJ 08008

Phone: 609-492-0111 Fax: 609-492-6262

DATE: _____

REQUEST IS MADE FOR REIMBURSEMENT OF THE FOLLOWING:

LAND USE BOARD BONDS:

____ Performance Bond
____ Maintenance Bond
____ Escrow Return
____ Curb & Sidewalk Bond

OTHER BOND TYPES:

____ Dumpster Bond
____ Piling Bond: Pool: _____ or Building: _____
____ Street Opening Bond: Street Opening #: _____
____ Park Bond: Event Title: _____
Event Dates: _____
____ Other: _____

Name: _____ Phone #: _____

Email Address: _____

Property Address: _____ Block/Lot: _____

Make Check Payable To: _____

Address: _____

Amount to Be Reimbursed: _____

***I UNDERSTAND THAT ALL REIMBURSEMENTS MUST BE APPROVED BY COUNCIL BEFORE A CHECK MAY BE ISSUED.**

For Curb & Sidewalk and Street Opening Bonds Only: I understand that all reimbursement checks will be issued, at least 12 months after the original permit is granted and after a successful inspection by the Borough Engineer and the Superintendent of Public Works.

Signature: _____

*****Borough Use Only*****

Dept. Head: _____ Date: ____/____/____ Yes: ____ No: ____/Why: _____

Engineer: _____ Date: ____/____/____ Yes: ____ No: ____/Why: _____

LUB Attorney: _____ Date: ____/____/____

Clerk/Council: _____ Date: ____/____/____

CFO: _____ Date: ____/____/____

RESOLUTION #: _____